## **UNIFIED CARRIER REGISTRATION - Year 2008**

To register online go to www.ucr.in.gov

SECTION 1. GENE		N								
USDOT Number	MC or MX Number FF Nur		lumber		Number	Fax Number		ber		
Legal Name				E-Mail Address						
Doing Business Under the Following	g Name (DBA)									
Principal Place of Business Street A	ddress (See Instructions)									
Principal Business City Principal Business State Zip Code										
			rincipai busiiess State					Zip Code		
Mailing Street Address			•							
Mailing City			Mailing State					Mailing 2	Mailing Zip Code	
SECTION 2. CLASS	SIFICATION – Chec	k All That	Apply							
☐ Motor Carrier	☐ Motor Private Ca			Bro	ker 🗌	Lea	asing Company		Freight Forwarder	
SECTION 3. FEES I		,					• • •			
Note: If your compo									4.	
Brokers, freight forwarders and leasing companies (not a motor carrier combination), please submit the amount due of										
\$ 39.00 in the form of a credit card, Check, Cash or Money Order payable toand go to Section 7.										
SECTION 4. NO. OF MOTOR VEHICLES- MOTOR CARRIER & MOTOR PRIVATE CARRIER										
Check only one box:										
The number of vehicles shown below have been taken from section 26 of your last reported MCS-150 form.  The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30, 2007.										
NUMBER OF MOTOR COACHES										
NUMBER OF STRAIG AND TRACT		NUMBER OF TRAILERS			SCHOOL BUSES, MINI-BUSE				TOTAL	
(COLUMN	NA)	(COLUMN B)			AND LIMOUSINES (COLUMN C)				(COLUMN D)	
1. (Optional) Under this program you may <u>delete</u> any vehicles in Column A or B above that you have reported on your										
MCS 150 form that are used <u>only</u> in intrastate commerce. (See instructions.)										
2. (Optional) You may add vehicles that (a) have not been shown on the MCS 150 form that are defined as commercial										
motor vehicles operating solely in intrastate commerce; and/or (b) other self-propelled motor vehicles operating in										
intrastate or interstate commerce that:										
<ul> <li>Have a gross vehicle weight rating or gross vehicle weight of 10,000 lbs or less, or a passenger capacity of 10 or less, including the driver;</li> <li>Are used on the highways in commerce; and</li> </ul>										
	ngers or property for compe		e instructions for	definition o	<sup>f</sup> commercial	moto	r vehicle)			
3. Total Number of	Vehicles (TOTAL (CO	OLUMN I	)) minus LINI	E 1 plus L	INE 2)					
SECTION 5. FEE TA	, ,	7201,21 ( 2	) 221 (2	2 1 pws 2	2)***					
<b>Number of Vehicles</b>	Amount Due			of Vehicles Amoun			Number of Vel	hicles	Amount Due	
0-2	\$39.00		6-20	\$231	.00		101-1000		\$3,840.00	
3-5	\$116.00	2	1-100	\$806	.00		1001 or mor	re	\$37,500.00	
SECTION 6. FEES I	DUE – MOTOR CAI	RRIER &	MOTOR PR	IVATE C	ARRIER					
Using the number of vehicles in Section 4, Line 3 above, enter the Amount Due from the table above.  Note: Payment can be made in the form of Credit Card, Check, Cash or Money Order. MAKE CHECKS PAYABLE TO:  \$										
		l, Check, Cas	h or Money Orde	r. MAKE CF	HECKS PAYA	BLE	TO:		Ψ	
SECTION 7. CERTI I, the undersigned, under		ant cartify	that the above i	nformation	is true and	corra	ct and that I am aut	horizad	to execute and file	
this document on behalf								HOHZEG	to execute and me	
Name of Owner or Authorized Repre		E-mail address						Date		
Signature					Titl	e				